

October 18, 2004

ROSALINDA LOPEZ
TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0139-01

CLIENT TRACKING NUMBER: M2-05-0139-01/5242

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Standard case assignment form

COI form

Notification of IRO Assignment dated 9/30/04

TWCC medical dispute form dated 9/20/04

Medical dispute resolution request/response dated 9/20/04

IRO list of physicians

Fax cover from Neuromuscular Institute of Texas dated 8/26/04

Fax result sheet from NIT dated 8/26/04

Preauthorization/concurrent review form dated 8/30/04

TWCC fax cover sheet to Pre-auth dept dated 9/08/04

Letter to MRIOA from Harris & Harris Attorneys dated 10/8/04

C&H Medical Solutions evaluation report

Medical record review addendum from Review Med dated 10/20/02

Medical review from Review Med dated 07/27/01

Medical records from Dr. B, DC at the Neuromuscular Institute of Texas dated, 09/15/04, 08/25/04, 6/15/04, 5/11/04, 4/07/04, 3/03/04, 1/21/04, 12/23/03, and 12/05/03

Psychosocial evaluation and treatment plan dated 01/02/04

Medical records from Dr. F, MD at the Neuromuscular Institute of Texas dated, 03/16/04

Medical records from ____, P.A. -C, MPAS at the Neuromuscular Institute of Texas dated, 01/22/04 and 12/23/03

Patient Information & medical history from Dr. K, DC at NIT, dated 4/13/04

Patient Information & medical history from Dr. K, DC at NIT, dated 2/24/04

Patient Information & medical history from Dr. K, DC at NIT, dated 1/23/04

Summary of Treatment/Case History:

Patient underwent X-rays, MRI, injections, physical therapy/rehab, home exercise and counseling after injuring his low back on ____.

Questions for Review:

1. Is the proposed PPA (#90802) medically necessary to treat this patient's injury?

Explanation of Findings:

1. Is the proposed PPA (#90802) medically necessary to treat this patient's injury?

No. After undergoing a "Psychosocial Evaluation" on 01/02/04 that recommended a chronic pain management program that included biofeedback, the provider withdrew his request for the program when authorization was denied.

Conclusion/Decision to Not Certify:

After undergoing a "Psychosocial Evaluation" on 01/02/04 that recommended a chronic pain management program that included biofeedback, the provider withdrew his request for the program when authorization was denied. The provider then requested another psychological evaluation (PPA - 90802) defined as, "Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication." Per the provider's progress note dated 09/15/04, the sole basis for the request was "to see if he might be a candidate for biofeedback."

Since the PPA is being requested in order to determine if biofeedback is indicated, the core, overriding issue thus becomes the medical necessity of biofeedback treatment. Current medical literature indicates that the efficacy of biofeedback "remains unproven," (1) and there is "insufficient clinical information on the effectiveness" of biofeedback treatment for low back pain. (2)

The medical records submitted do not document the medical necessity of biofeedback treatment nor give any indication how the requested PPA might yield any additional data or significant information that would be materially differ from the previously performed "psychosocial evaluation." Therefore, there is no support for the medical necessity of the requested PPA.

References Used in Support of Decision:

(1) Milliman Care Guidelines, *Ambulatory Care* 8th Edition. Copyright © 1996, 1997, 1999, 2001, 2002 Milliman USA, Inc.

(2) Philadelphia Panel evidence-based clinical practice guidelines on selected rehabilitation interventions for low back pain. Physical Therapy 2001;81(10):1641-74

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payer and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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